

Pflugerville ISD Medical Plan Options and Employee Rates for January 1, 2027
Healthcare Highways Plans

All Plans offer the FRONTIER CLINIC FREE OF CHARGE Office Visits, Care Coordinated by Frontier, and Scripts Filled through Frontier			
Plan Name	HCH High	HCH Mid	HCH Low
Deductible			
Individual	\$2,000	\$4,000	\$6,000
Family	\$4,000	\$8,000	\$12,000
Co-Insurance	80%	70%	70%
Individual Maximum Out of Pocket	\$7,000	\$8,000	\$8,500
Family Maximum Out of Pocket	\$14,000	\$16,000	\$17,000
Primary Office Visit	\$35 copay	\$40 copay	\$50 copay
Specialist Office Visit	\$50 copay	\$60 copay	\$80 copay
Inpatient Hospital	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible
ER - Facility	\$500 copay + 20% coinsurance after deductible	\$500 copay + 30% coinsurance after deductible	\$500 copay + 30% coinsurance after deductible
ER - Physician			
Urgent Care	\$50 copay	\$60 copay	\$80 copay
Lab/X-Ray Billed by Doctors Office	100% after OV copay	100% after OV copay	100% after OV copay
Lab/X-Ray Billed by Outside Facility	100%	100%	100%
In-Network Prescriptions			
Retail Prescription Drugs (30 days)	\$10 / \$40 / \$60 / 10% up to \$2,500	\$15 / \$50 / \$75 / 10% up to \$2,500	\$20 / \$60 / \$90 / 10% up to \$2,500
Mail Order Prescription Drugs (90 days)	3X	3X	3X

Employee Rates - MONTHLY	HCH High	HCH Mid	HCH Low
Employee Only	\$285.00	\$127.00	\$50.00
Employee + Spouse	\$1,000.00	\$730.00	\$650.00
Employee + Children	\$780.00	\$495.00	\$440.00
Employee + Family	\$1,450.00	\$1,100.00	\$1,000.00

Employee Increase from 2026	HCH High	HCH Mid	HCH Low
Employee Only	\$25.00	\$38.00	\$10.00
Employee + Spouse	\$75.00	\$61.00	\$39.00
Employee + Children	\$55.00	\$40.00	\$29.00
Employee + Family	\$50.00	\$65.00	\$30.00